

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 57th LEGISLATURE - REGULAR SESSION JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH & HUMAN SERVICES

Call to Order: By **CHAIRMAN DAVE LEWIS**, on January 19, 2001 at 8:00 A.M., in Room 152 Capitol.

ROLL CALL

Members Present:

Rep. Dave Lewis, Chairman (R)
Sen. John Cobb, Vice Chairman (R)
Rep. Edith Clark (R)
Rep. Joey Jayne (D)
Sen. Bob Keenan (R)
Sen. Mignon Waterman (D)

Members Excused: None.

Members Absent: None.

Staff Present: Robert V. Andersen, OBPP
Pat Gervais, Legislative Branch
Lois Steinbeck, Legislative Branch
Sydney Taber, Committee Secretary
Connie Welsh, OBPP

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: Public Testimony on Addiction
Prevention and Mental Health
Services
Executive Action: None.

{Tape : 1; Side : A; Approx. Time Counter : 5.8 - 7.4}

Lois Steinbeck, Legislative Fiscal Division (LFD), explained that she had received more data from Addictive and Mental Disorders Division (AMDD) to answer questions that she had posed, but had not had time to review it. She and Bob Mullen will meet all day Saturday, and will try to come up with a cost per person per slot, so that the Committee can evaluate the Executive budget request and understand the differences that were made to the 2003 biennium. She will try to get draft copies of the information to

be considered for executive action on Monday to Committee members by the end of the day.

CHAIRMAN DAVE LEWIS, HD 55, Helena, asked members of the public to come forward and testify on Addiction Prevention.

PUBLIC TESTIMONY ON THE ADDICTION PREVENTION PROGRAM

{Tape : 1; Side : A; Approx. Time Counter : 8.8-18.6}

Kristi Blazer, representing Rimrock Foundation and Montana Addictive Service Providers, presented testimony on retaining the integrity of earmarked alcohol tax funds **EXHIBIT(jhh15a01)**. Since the earmarking of those tax funds, chemical dependency providers she represents have never requested additional funding. Chemical dependency providers have adopted a managed care system to ensure that patients are properly placed and receive the most effective and least costly treatment. The earmarked funds revert to the counties where the funds were generated. These providers do support the Medicaid refinance, but only because AMDD said that if they supported the expansion it would serve the needs of mentally ill indigent patients with addiction problems.

In response to comments by **Ms. Blazer** and Committee members, **Ms. Steinbeck** explained that the proposed supplemental offset which uses the amount in the state special revenue alcohol tax above the \$1 million transfer to counties. When the Executive proposed its supplemental to the Committee, it took the alcohol taxes to support services for mentally ill individuals. LFD staff wants to know what those services will be. In future years, Ms. Blazer's clients want any additional money earmarked by statute be dedicated to treatment of chemically dependent individuals.

{Tape : 1; Side : A; Approx. Time Counter : 18.9-45.8}

Peg Shea, Program Director for Turning Point Addiction Services, discussed the efforts that need to be made to get people into treatment, to reduce the barriers to treatment, to increase treatment on demand, to recruit, retrain and retain professionals, and to bring research into practice.

Ms. Shea gave specific information in regard to those issues in Missoula. There are 75 people in Missoula who are on the waiting list for services. They are currently serving 200 individuals. She presented vignettes of ten individuals that are on the waiting list in Missoula. She stressed that all those on the waiting list want and need treatment, but they do not have the resources to serve all when they are in need.

Ms. Shea requested that the Committee not take any money away from community substance abuse services and look at a Medicaid

expansion plan which would shift the money around and help her dollar grow.

In response to questions from **SEN. WATERMAN**, **Ms. Shea** responded that county officials want the system to be able to serve low-income non-Medicaid people in the community. She also went over her program and the clientele it serves.

{Tape : 1; Side : B; Approx. Time Counter : 0.3-8.7}

REP. JAYNE asked how many clients her organization had served in 2000. **Ms. Shea** answered that it had served 287 adults and children. There are probably 180 adults and 48 kids at present.

In reference to one of the individuals discussed in the presentation, **SEN. COBB** asked whether it was our state prison in which the individual did not receive addiction prevention treatment, to which **Ms. Shea** responded that it was. **SEN. COBB** asked questions regarding the success of the substance abuse program in the prison. **Ms. Shea** said that two of her counselors would have that information and she would have them submit a report to the Committee.

Ms. Shea discussed a treatment outcome study that had been done and said that she would get it to the Committee. **CHAIRMAN LEWIS** asked about the correlation between gambling and substance abuse. He remarked that the industry should perhaps make contributions to the alcohol and drug abuse problems since there seems to be some relationship. **Ms. Shea** said that her organization now asks questions regarding gambling of those who enter the program, and that there is a high correlation with different types of addiction and gambling. If a gambling problem is not dealt with simultaneously with substance abuse problems, there will be a relapse on the substance abuse.

In response to questions from **SEN. COBB** regarding her staff, **Ms. Shea** said that she has no turnover problems and that there are 50 staff members.

{Tape : 1; Side : B; Approx. Time Counter : 8.8-12.7}

Misty Zawlocki, a resident of the Carol Brown Home, a residential treatment facility for women and children in Missoula spoke. An IV drug user twelve months ago, she said that she has learned a lot from the program and that she has turned her life around and begun to have hope for her future. In response to a question from **SEN. WATERMAN** on the waiting period, **Ms. Zawlocki** said she was arrested in January 2000 for IV drug use and received no treatment in her seventeen days of incarceration. When released, she went to an intake appointment at Turning Point but was told

that it would be 10 to 12 weeks before she could get an appointment. Two days later, after informing them that she had a two-year old son and could no longer wait, she was allowed in the next day. Her son is with her.

In answer to questions from **CHAIRMAN LEWIS** regarding her drug use, **Ms. Zawlocki** said that she started using methamphetamine intravenously at age 14.

{Tape : 1; Side : B; Approx. Time Counter : 12.8-32.9}

Jason Marshall, a 23-year old living at the Share House in Missoula, told the Committee about his life as the child of physically abusive parents who were substance abusers. Taken from his parents at age six, he spent his years until age 18, in foster and group homes and institutional settings, where he had never developed life skills. After getting out of prison a year ago, he tried to get into Turning Point and the Share House but there was a nine week waiting period.

REP. CLARK, asked Mr. Marshall if he had received substance abuse treatment when he was in prison to which he responded that he did not since the waiting list was two years long, and he was paroled before he received treatment. He was supposed to be released into a treatment program for those with bi-polar disease and anti-social behavior, but when he was released there was no placement in the program. He was put in a homeless shelter his first day out, at which point he began a series of relapses.

REP. JAYNE asked what specific services are provided at Share House. **Mr. Marshall** explained that he attends Intensive Outpatient Program (IOP) ten hours a week where they discuss: criminal thinking errors, Rational Emotional Therapy (REM), and thinking inhibitors. He receives medication and living at Share House allows him to focus on getting his medication right. He also sees the psychiatrist and is learning life skills. He has a full-time job, has obtained a driver's license, is saving for a car, is going to school, and is one test away from obtaining his GED. The Share House and Turning Point Program have provided him a chance to survive and to turn his life around.

SEN. WATERMAN asked **Mr. Marshall** to tell the Committee his experience on turning 18 in the foster and child care system. He said that three weeks before he turned 18, he was released from a mental health hospital for treatment of depression into a halfway house/shelter. The day he turned 18, he was awakened at 6 in the morning, told to get his stuff together, and put out on the front doorstep. Child protective services made no effort to provide housing or any other program. He made it into a halfway house,

and within a month of living there he was smoking crack. After that, he found himself involved in the drug and criminal scene.

SEN. KEENAN asked how long he had been clean. **Mr. Marshall** responded that after several relapses he is clean for four months. **Mr. Keenan** asked if he had opportunities to reach out to others that are heading down that same path. **Mr. Marshall** responded that he did want opportunities to help others.

{Tape : 1; Side : B; Approx. Time Counter : 33-48.7}

Claude Kemp a 46-year old resident of Share House has a history of personality disorder, schizophrenia, depression, alcoholism, and drug addiction. He discussed his history of alcohol and drug abuse, and attempts at suicide. He has been in the psychiatric unit at the Billings hospital several times, and without support on release ended up drinking and trying to kill himself again. He has been an alcoholic for 33 years and has made countless attempts to quit on his own and through twelve step programs.

Sent to Warm Springs, he received no treatment for his substance abuse problems other than twice weekly AA meetings. He was taken off his medication for depression and became despondent at which time he was sent to Montana Chemical Dependency Center (MCDC) where his medication regimen was perfected. He was sent to Share House three months ago. He will attend IOP at Turning Point, has one-on-one counseling, and has case management and counseling at Stepping Stones on a regular basis.

{Tape : 2; Side : A; Approx. Time Counter : .3-3.2}

Mr. Kemp said that he has been sober for six months. In response to questions from **SEN. COBB**, **Mr. Kemp** stated that he was sent to Warm Springs in August 2000, and that other than two AA meetings a week he received no substance abuse treatment.

{Tape : 2; Side : A; Approx. Time Counter : 3.4-15.3}

Ted Day, a 41-year alcoholic with bi-polar disorder has been alcoholic most of his life. When his marriage ended, he began to drink to relieve his isolation and depression. When he came to Montana, he thought that he would be able to get his life back together, but he disappointed his family, and after several relapses, he was placed in the program.

The Share House has provided **Mr. Day** the opportunity and support to understand his mental illness problems and perfect his medication regimen without stress. He has been through Turning Point which has helped him tremendously, and he is going through vocational rehabilitation to find another profession since his bad back no longer allows him to do construction.

{Tape : 2; Side : A; Approx. Time Counter : 15.4-26.5}

Carol Richard, Director of TLC Recovery, presented her remarks on her provider service. She started her program with volunteers and provides addiction prevention services in Choteau, Toole, Liberty, Glacier, and Teton counties. She emphasized that the alcohol tax funds should be used for the purpose that was intended. She wants the match money to go community chemical dependency services if the earmarked money is taken away. She also remarked that providers and the Department need to be creative in working with other agencies in order to make funding go farther. **SEN. WATERMAN** asked if her program was solely dependent on the alcohol tax fund. Ms. Richard responded that they also get match money that the state is billed for but that there is a cap on that money. They are also able to access the mental health service providers for those with dual diagnoses, which is the networking that makes the program successful. **SEN. WATERMAN** asked how many of the people she sees are Medicaid eligible. **Ms. Richard** remarked that they are the working poor and that only 3% receive are Medicaid eligible **EXHIBIT (jhh15a02)**.

{Tape : 2; Side : A; Approx. Time Counter : 26.7-47.7}

Bill Kennedy, Yellowstone County Commissioner and Chair of the Montana Association of Counties Health and Human Services Committee, agreed that dual diagnoses is becoming a problem across the state. Often the mentally ill cannot get into drug treatment programs; and often those in chemical dependency programs who also need mental health services cannot get those services. Funding seems to be the problem in dealing with this problem. Community chemical dependency programs are dependent on the state money, state contracts, and the local alcohol tax dollars.

The concern that counties have with intergovernmental transfers of those alcohol tax dollars to expand the federal match is the flexibility of those dollars. If those dollars only touch one segment of the population that qualifies for Medicaid, then the working poor, who are not insured, do not have access to services. A lot of county dollars go to the flexible services of people that are not eligible for Medicaid.

In eastern Montana, there are few chemical dependency providers east of Billings. Rural community chemical dependency programs are having difficulties surviving because it is difficult to get providers to the people who need the services. The overall plan should help the rural communities as well as the population centers. The wait to get into programs remains a problem. The methamphetamine grant program is running out, which will leave a big problem, with no means of funding to provide needed services.

Providers are reluctant to take those who do not have health insurance into programs. Simplification of the reimbursement program in Medicaid would be a real blessing in rural areas. There is a drug testing bill in the Legislature but that will be of no use if there is no available treatment.

Mr. Kennedy made a plea for a seamless system that offers chemical dependency and mental health treatment for those who have dual diagnosis. He wants money put into programs at the community level so that care and support can be provided for those consumers before it reaches the acute level.

{Tape : 2; Side : A; Approx. Time Counter : 49-50.9}

SEN. WATERMAN asked **Peg Shea** how she had been able to get those with dual diagnoses into treatment.

{Tape : 2; Side : B; Approx. Time Counter : 0.3-6.2}

Ms. Shea responded that her program looked outside the state for funding. They went to the Department of Housing and Urban Development (HUD) for money for homeless co-occurring individuals, and built a detox program and support of housing. They then applied for additional funds to construct the facility. They used different streams of money for different people. Some people have mental health dollars, some have housing dollars, and some have treatment substance abuse dollars. There are solutions to these problems, a system of such facilities across the state using the different sources of funding is a solution.

SEN. WATERMAN asked if there was difficulty in finding people to treat the whole individual since those in the mental health and chemical dependency fields view treatment differently. **Ms. Shea** responded that it was a problem. At Share House, there are bed and body checks, urinalysis and breathanalysis to ensure that people are not using, but that is anathema to those in the mental health field.

{Tape : 2; Side : B; Approx. Time Counter : 6.2-9.1}

Bob Rice, Director of South Central Montana Mental Health Center in Billings, responded to a prior question on barriers between mental health and chemical dependency treatment that the ideal is a program that does both. He discussed some of the barriers, one of which is the poverty level disparities in the two programs. Primary and secondary diagnosis is another area where there is a problem.

PUBLIC TESTIMONY ON MENTAL HEALTH SERVICES

{Tape : 2; Side : B; Approx. Time Counter : 11.1}

SEN. WATERMAN posed a request to the Department that she would like to know how the Committee could handle the issues of primary and secondary diagnosis and the equalization of the poverty level for the two programs.

{Tape : 2; Side : B; Approx. Time Counter : 13.8-18.7}

Bonnie Aide, Mental Health Ombudsman for Montana, stated the Committee and Department need to find some other solution than the proposed elimination of the mental health services plans as a way for nonMedicaid eligible children to receive services.

EXHIBIT(jhh15a03)

{Tape : 2; Side : B; Approx. Time Counter : 19.0-}

Tanya Gartner, the parent of a mentally ill child read her statement to the Committee asked the Committee to reconsider cuts in the children's mental health area.

In response to a question from **SEN. WATERMAN**, **Ms. Gartner** responded that she had signed papers with the state that they would not charge her for child support since she had signed over her parental rights in order for her son to receive treatment for his mental illness but that the state had reneged on everything that it had said it would do. **REP. JAYNE** asked what department she had dealt with, to which **Ms. Gartner** responded that it was child protective services. In answer to **SEN. WATERMAN**, she said that she was investigated and found to be not abusive, but that her son was taken away from her because she could not pay for the mental health treatment and medication **EXHIBIT(jhh15a04)**.

{Tape : 2; Side : B; Approx. Time Counter : 33.1-51.5}

Steve Tilden, parent of a child with diabetes and mental illness read his statement **EXHIBIT(jhh15a05)**. He went over his difficulties in getting mental health treatment for his son. He requested that the Committee take an in depth look at the mental health services programs and their guidelines and allow for variances for those who cannot meet the CHIP guidelines.

{Tape : 3; Side : A; Approx. Time Counter : 0.4-1.1}

Mr. Tilden requested that the Committee give consideration to poverty level guidelines to 175% if not 200% or to provide variances to current guidelines.

{Tape : 3; Side : A; Approx. Time Counter : 2.2-9.6}

Lawrence L. White, President of St. Patrick Hospital and Health Sciences Center in Missoula, presented his remarks on the cuts to the mental health services programs **EXHIBIT(jhh15a06)**. **Mr. Lawrence** expressed his concerns about the impacts on community

services if the supplemental for the Department of Health and Humans Services supplemental is not funded. He requested that the Committee seriously consider cuts in the community-based services.

{Tape : 3; Side : A; Approx. Time Counter : 9.7-15.2}

Anne Galasso, a single parent of a child that has Tourette syndrome, asthma, and seizure disorder, read her statement on the problems that she has finding care for her child within the system **EXHIBIT(jhh15a07)**.

{Tape : 3; Side : A; Approx. Time Counter : 15.3-31.3}

Karolin Loendorf, Lewis and Clark County Commissioner, read her statement, a letter that she sent to Senator Burns **EXHIBIT(jhh15a08)**, and presented an act that is before the Colorado State Legislature **EXHIBIT(jhh15a09)**. She made a plea for those parents with children under the age of 12 who have difficulty getting services for them.

{Tape : 3; Side : A; Approx. Time Counter : 31.4-40.8}

Tammy Johnson, a parent with a child that is bi-polar and ODD under age 12 presented her story. She must keep her income low in order to be able to keep her son in the program. She made a plea for the Department to not eliminate the mental health services plan. In response to a question from **SEN. WATERMAN, Ms. Johnson** responded that she was not CHIP eligible because her ex-husband had insurance even though it did not cover mental health.

{Tape : 3; Side : A; Approx. Time Counter : 41.7-47.9}

Rebecca Adams, a single parent with a mentally ill child, spoke on the difficulties in obtaining affordable insurance and mental health services that many families in Montana are experiencing despite education and work ethic. She pleaded with the Department to not eliminate mental health services for children that are nonCHIP eligible and to make some sort of allowance to the three-month waiting rule.

{Tape : 3; Side : A; Approx. Time Counter : 48.2-49.9}

Janie McCall, a lobbyist for AWARE, In-Care Network, Inc., Intermountain Children's Home, Missoula Youth Home, Yellowstone Boys and Girls Home, and Youth Dynamics gave testimony **EXHIBIT(jhh15a10)** **EXHIBIT(jhh15a11)**. She said that the Department and providers need to look to the future and work together toward solutions. She would like to see children's and adult services separated in planning and insuring.

{Tape : 3; Side : B; Approx. Time Counter : 2.4}

Ms. McCall also supports strong oversight and quality assurance in order to strengthen the system as it is.

{Tape : 3; Side : B; Approx. Time Counter : 3.8-15.8}

Jeff Birnbaum, Executive Director of Missoula Youth Homes, presented his statement with further remarks on the system **EXHIBIT(jhh15a12)**. He concurred with others that providers need to work across agencies to find solutions, but emphasized the need to maintain community mental health services. In response to remarks from **SEN. KEENAN**, he agreed that the system needs to be managed to the program and that there should be a preferred provider network. He stressed his willingness to work with others on the solution.

{Tape : 3; Side : B; Approx. Time Counter : 15.8 - 22.5}

SEN. BOB KEENAN commented to those who had testified, that it was important that they also go to other committees and testify to the need for money to fund the programs in mental health and addiction prevention.

{Tape : 3; Side : B; Approx. Time Counter : 23 - 34.5}

Leo Hammond, Executive Director of Youth Dynamics, Inc., read his written testimony **EXHIBIT(jhh15a13)**. He expressed the need for the Department and the Legislature to cut budgets in other areas, and made a plea that mental health services for children not be cut.

{Tape : 3; Side : B; Approx. Time Counter : 38.6-48.3}

Denise Griffith, Intermountain Children's Home and Services, also expressed the need for the Department and providers to find other ways to approach issues like clinical and provider accountability, fiscal management, data collection and analysis, and outcome measures. Her greatest concern is that the decisions that the Department is making are decisions that will thrust community mental health services for children backwards. The needs for children in the mental health system are much different than adults and there needs to be a system of care that acknowledges the differences.

She wants to stabilize the system that is now in place both financially and clinically. Decisions to only provide mental health services coverage for only those enrolled in CHIP and to eliminate entire categories of service to those children steer us backwards. This thrust will provide services only children of the wealth or poor.

She wants strong state leadership and management, strong regional provider networks, an adequately funded system of care, and the providers and Department getting together to provide those need.

{Tape : 3; Side : B; Approx. Time Counter : 48.4}

Linda Wilkins, In-Care Network, Inc., expressed her concerns that the Native American children in the care of her program return to their reservations without any case management services.

{Tape : 4; Side : A; Approx. Time Counter : 0.4-7.5}

Jeff Folsom, Aware, Inc., expressed his concerns on the cuts that human services are taking in this session. He proposed making a commitment to a vision, and that the vision should be community-based human services. The basic approaches for the cost savings and system development should be better management of state overlapping programs, better community support, increase client choice, and better targeting of state dollars.

{Tape : 4; Side : A; Approx. Time Counter : 7.6-17.7}

Ann Westerman, Administrative Director for Deaconess Billings Clinic Psychiatric Services Department, presented her testimony **EXHIBIT(jhh15a14)**. She stressed that the clinic, which is the sole provider of psychiatric services in the eastern portion of the state, has been a good partner with the state, but that if it does not receive a positive bottom line for its services, those services will be cut.

{Tape : 4; Side : A; Approx. Time Counter : 17.8}

Nancy Staigmiller, parent of a young adult with mental illness, read her written statement to the Committee **EXHIBIT(jhh15a15)**.

{Tape : 4; Side : A; Approx. Time Counter : 23.3-30}

Jon Esp, Representative for HD 25, commented on his own family's experience with the mental health system in Montana. He stressed that for those with chronic mental illness the most important thing is adequate funding of community services.

{Tape : 4; Side : A; Approx. Time Counter : 30.3-51.4}

Bill Kennedy, Yellowstone County Commissioner, presented a Citizen's Mental Health Bill **EXHIBIT(jhh15a16)** and went over the different suggestions that it includes for a mental health system that prioritizes community services and the needs of citizens requiring assistance to resolve mental health issues.

{Tape : 4; Side : B; Approx. Time Counter : 0.1}

Mr. Kennedy continued with his review of the Citizen's Mental Health Bill. He stressed the need for a streamlined system and expressed great concerns for the rural areas.

{Tape : 4; Side : B; Approx. Time Counter : 1.9-2.6}

CHAIRMAN LEWIS said that the Committee would set aside an hour on Monday morning for further testimony.

Further written testimony was submitted after adjournment

EXHIBIT(jhh15a17) EXHIBIT(jhh15a18) .

ADJOURNMENT

Adjournment: 12:00 P.M.

REP. DAVE LEWIS, Chairman

SYDNEY TABER, Secretary

DL/ST

EXHIBIT (jhh15aad)